

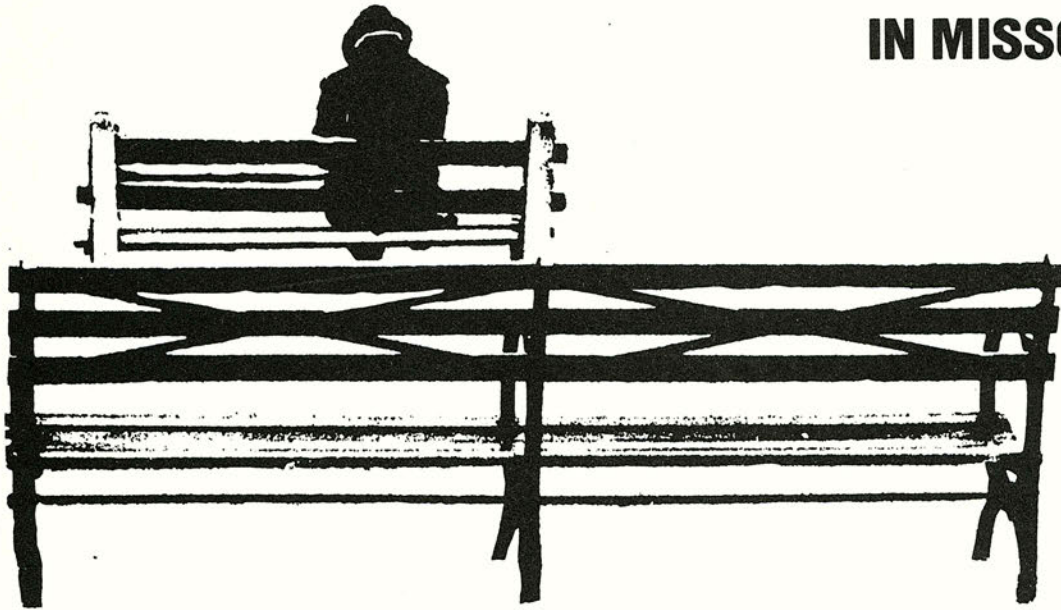
MO  
GA.Ho  
2:H 75



**A REPORT  
TO THE SPEAKER**

**MISSOURI HOUSE OF REPRESENTATIVES**

**HOMELESSNESS  
IN MISSOURI**



MISSOURI STATE LIBRARY

NOV 02 2001

DOCUMENTS DIVISION

**by the  
SOCIAL SERVICES AND MEDICAID  
INTERIM COMMITTEE ON THE HOMELESS  
REP. RUSSELL GOWARD, Chairman**

**RUSSELL GOWARD**  
REPRESENTATIVE, DISTRICT 60  
4015 FAIR AVENUE  
PHONE: 652-0200  
CHAIRMAN,  
SOCIAL SERVICES & MEDICAID  
VICE CHAIRMAN:  
CORRECTIONAL INSTITUTIONS



**Missouri**  
**House of Representatives**  
Jefferson City 65101

**COMMITTEES:**  
BANKS AND  
FINANCIAL INSTITUTIONS  
APPROPRIATIONS-SOCIAL SERVICES  
CORRECTIONAL INSTITUTIONS  
AND PROBLEMS-STATUTORY  
NATIONAL CONFERENCE OF  
STATE LEGISLATURES

January 27, 1986

Speaker Bob F. Griffin  
State Capitol  
Jefferson City, MO 65101

Dear Mr. Speaker:

Pursuant to your request, I am pleased to present for your consideration the final report of the investigative activities of your Committee on Social Services and Medicaid during the latter part of the 1985 legislative session and the subsequent interim period.

The committee has made every effort to not only learn about the plight of the homeless through hearings in Jefferson City but to confront the homeless directly. We have talked with shelter operators, eaten in soup kitchens, and roamed the back streets of our cities to visit with the homeless in their haunts.

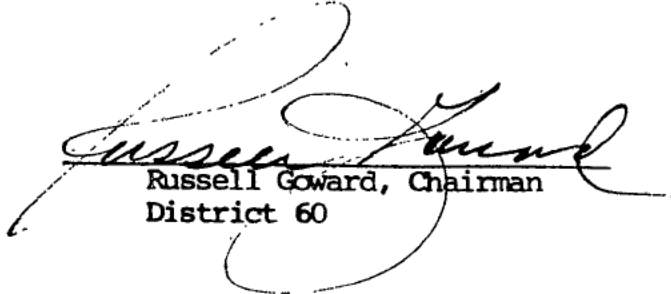
What have we seen? Homelessness is changing; grizzled skid row bums are being joined by runaway children, battered wives, and entire families. Although the statewide incidence of homelessness is difficult to calculate, it is clear that many homeless individuals need services essential for survival - food better than restaurant garbage, shelter better than a heating grate or trash bin, health and mental health services better than the meager programs now available.

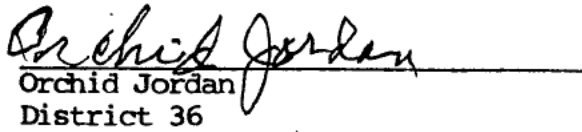
The committee hopes that this report will provoke discussion of and action on the plight of the homeless. It has been said that the measure of a society is how well it treats its least fortunate members. It is time to test our commitment to social responsibility.

Respectfully submitted,

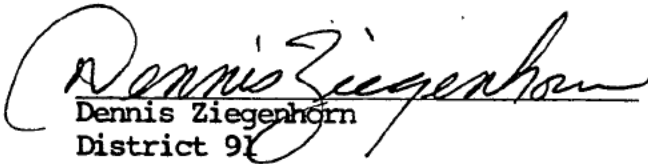
  
Russell Goward  
Chairman, Social Services and Medicaid

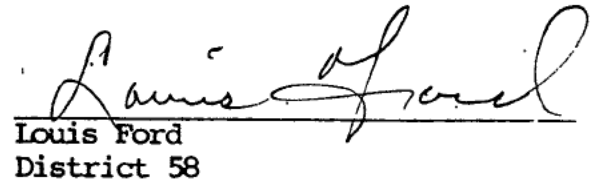
MEMBERS OF THE COMMITTEE

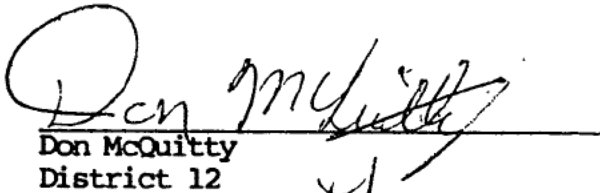
  
Russell Goward, Chairman  
District 60

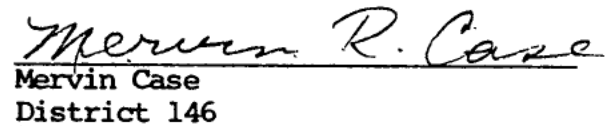
  
Orchid Jordan  
District 36

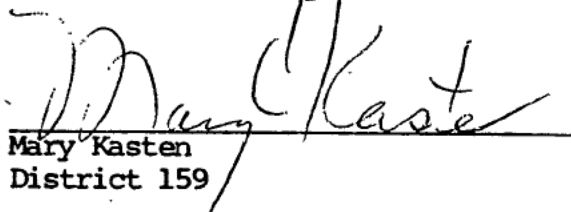
  
Fred Lynn  
District 137

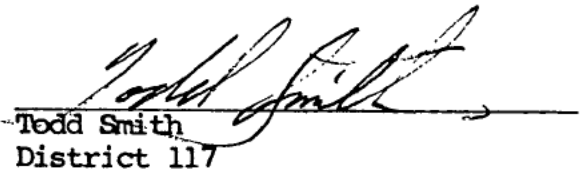
  
Dennis Ziegenhorn  
District 91

  
Louis Ford  
District 58

  
Don McQuitty  
District 12

  
Mervin Case  
District 146

  
Mary Kasten  
District 159

  
Todd Smith  
District 117

## TABLE OF CONTENTS

Introduction .....	1
Extent of Homelessness .....	6
Who Are The Homeless? .....	11
Why Are People Homeless? .....	14
Shelters And Services .....	22
Recommendations .....	30
Acknowledgements .....	32
Appendix A .....	A1
Appendix B .....	B1
Appendix C .....	C1

## Part I -- Introduction

Who are the homeless, and why are they so afflicted? How much homelessness exists in Missouri? What is being done to alleviate homelessness? What can be done? These are questions which this report will attempt to answer. The report will first address the extent of homelessness in Missouri and, to a lesser extent, in the nation. It will also examine whether homelessness is solely an urban problem or is also present in smaller cities and rural areas. Estimates of homelessness are widely diverse; because of difficulties in analyzing the homeless, a hidden and often transient population, many estimates are speculative at best.

Second, this report will attempt to define the homeless and examine whether their profile is changing over time. It will also discuss various causes of homelessness and the extent to which Missouri's homeless suffer from alcoholism, drug abuse, mental illness, domestic problems, or burdensome economic or social conditions. In examining the homeless, it should be remembered that, just as the importance of various causes of homelessness varies across the nation, causes of homelessness may differ in metropolitan, smaller urban, and rural areas of Missouri.

A third issue addressed by this report regards relief efforts for the homeless. Specifically, what is the capacity of state and local governments to provide emergency shelter? Who is receiving such shelter? What other services are being offered to

the homeless? The report will describe the roles of the private and public sectors in operating and financing programs for the homeless.

The report is intended to provide as much information as possible to encourage policy discussion of this pressing problem without duplicating similar efforts undertaken by various other governmental entities, private organizations, and advocacy groups.

#### SOURCES OF INFORMATION

There are four major sources of information used in this report, each of which is briefly described here:

##### 1. Discussions with knowledgeable observers from across the state

The committee conducted a number of interviews with knowledgeable observers in the metropolitan areas, small cities, and some rural counties. Those interviewed were identified through studies on homelessness, references provided by advocacy groups, and by networking among service providers and other interviewees.

These interviews concerned local estimates of the extent of homelessness in a particular area. Estimates were obtained from local, state, and federal government officials; traditional nonprofit social service agencies such as United Way, Salvation Army, and various religious organizations; and those conducting pertinent research on the homeless.

In Kansas City and St. Louis, homelessness is attracting increasing public attention. This awareness and subsequent activity have generated a number of studies of the problem and created a significant network of providers who are familiar with the issue. Many of these studies attempted to estimate homelessness, which has been useful to the committee in its deliberations.

## 2. Committee hearings in Jefferson City and around the state

In order to familiarize itself with the problem of homelessness and service needs, the committee held four public hearings during the latter part of the 1985 legislative session and in five cities during the 1985 interim period. The five cities were St. Louis, Kansas City, Columbia, Springfield and Sedalia. Representatives of various organizations working with the homeless were identified and invited to attend. Most, if not all, of the pertinent organizations participated in the hearings.

Testimony at the hearings can be organized into several categories:

- \* Shelter services available and provided;
- \* Characteristics of shelter occupants;
- \* Administrative characteristics and problems unique to the homeless; and
- \* Opinions and estimates regarding homelessness in Missouri.

### 3. Site visits to metropolitan areas

Because many of the witnesses at the committee hearings emphasized the need for the committee to experience homelessness first-hand, a number of site visits were conducted in St. Louis and Kansas City. These visits were designed to provide detailed information about efforts to respond to the needs of the homeless. Discussions were held with governmental officials, advocacy service agency groups, and operators of shelters, soup kitchens, and similar types of relief programs.

Facilities visited in St. Louis included: New Life Evangelistic Center, Shamrock Club; a Department of Mental Health organization, and two Salvation Army facilities.

Areas and organizations visited in Kansas City were: Kansas City Rescue Mission, Wayne Miner Health Center, Salvation Army, Swope Parkway Comprehensive and Mental Health Center, City Union Mission, and an area called "hobo jungle."

In addition to the site visits, the committee also visited individually with homeless persons receiving services. The committee participated in a 10:00 p.m. - 1:00 a.m. tour of St. Louis streets and identified and interviewed homeless persons living and sleeping in underpasses, abandoned buildings, and other favorite haunts. Several committee meetings involved meals taken in soup kitchens.

The site visits proved to be invaluable in providing the personal information and insight necessary to understand homelessness. It also has been valuable in getting the opinions



of the homeless themselves on their service needs and on the size of the homeless population.

#### 4. National publications

A variety of publications and studies from across the country were analyzed to get a national perspective on the homelessness problem. A partial listing is included in the "Acknowledgements" section of this report.

## Part II -- The Extent of Homelessness

Many of the studies of homelessness attempt to estimate the prevalence of homelessness. Unfortunately, because of the difficulty in getting good estimates, some of these reports include poorly conceived or documented guesses. Also, many of the more systematic estimates are confined to homelessness in a particular location or area and do not reflect the statewide incidence and distribution of homelessness. Such information is, of course, crucial to developing and implementing a state response to the problem.

### Defining Homelessness

An analysis of the prevalence of homelessness requires a definition of the term. A definition used in the "Report to the Secretary on the Homeless and Emergency Shelters" for the federal Department of Housing and Urban Development seems appropriate:

"'Homelessness' refers to people in the 'streets' who, in seeking shelter, have no alternative but to obtain it from a private or public agency."

The definition does not include those who have permanent shelter, however inadequate it might be. It also excludes the "hidden homeless," referring to people who have lost their homes or apartments and are forced to live in overcrowded conditions with friends or relatives.

Residents of half-way houses, congregate living facilities, and long-term detoxification centers are not classified as

homeless under this definition because they live in relatively permanent shelters. Persons who are typically homeless but are temporarily housed in jails or hospitals are defined as homeless.

Some people are homeless only on a temporary or episodic basis. For example, a person living on an inadequate fixed income may deplete available resources and be forced into temporary homelessness. The temporarily homeless also include those forced temporarily from permanent shelter by domestic disputes or unemployment.

#### National Estimates of Homelessness

The plight of the homeless is not a new phenomena. References to homelessness can be found from ancient Rome to the present.

National estimates of homelessness vary widely. A study by the United States Department of Housing and Urban Development (HUD) estimated that from 250,000 to 350,000 individuals were homeless in December, 1983 and January, 1984. The National Coalition for the Homeless estimated that 2 to 2.5 million people are homeless and the Community for Creative Non-Violence, (a Washington, D.C.-based advocacy group) estimated as many as 3 million may have been homeless in 1984.

Current evidence suggests the homeless are steadily increasing. The national rates of increase vary from a HUD estimate of 10 percent between 1980-83 to a U.S. Conference of Mayors estimate of 38 percent during 1983.

Due to an increasing awareness of homelessness the number of shelters across the country is also increasing in an attempt to keep up with the growth. However, various reports still show insufficient shelter capacity.

A September, 1984 U.S. Conference of Mayors study of 83 cities found that the demand for emergency services - food, shelter, energy assistance, income assistance, and medical assistance - increased during 1984 in more than half of the cities surveyed and was expected to continue to increase during 1985. Nearly three-fourths of the cities reported an increase in the demand for shelter during 1984. Similarly, three-fourths expected a further increase in 1985.

The United State Census Bureau reports that 15.2 percent of the population, or 35.3 million Americans, live below the poverty line. This statistic is important because many individuals in this group are considered to be in danger of becoming homeless.

Appendix A includes exerpts from HUD'S A Report To The Secretary On The Homeless and Emergency Shelters, which serves as a useful discussion of some of the difficulties inherent in estimating homelessness nationally, which are comparable to difficulties in estimating the extent of the problem in Missouri.

The exerpted sections summarize various methods used to estimate the number of homeless in the nation's major metropolitan areas. The first procedure was to estimate homelessness based upon extrapolations from the highest local estimates, which was likely to exaggerate the homelessness problem. A second method involved collecting and assessing

estimates from local experts on homelessness and compiling an average aggregate estimate for both metropolitan and non-metropolitan areas. A third estimate was produced by extrapolating from the number of homeless people using emergency shelters, as tallied by shelter operators. A fourth estimate added shelter estimates to marginally reliable "street counts" of those who do not use shelters. Another method described involves estimating homelessness from census data.

The information in Appendix A also notes that because of considerable turnover among the homeless, equivalent numbers of homeless in a particular area from year to year may involve few long-term homeless persons. Also, there are significant variations in homelessness between regions, with a disproportionate number living in the West, and between large and small metropolitan areas. Virtually all homeless people in large metropolitan areas congregate to the central cities, where services and job opportunities for the homeless are more likely to be available.

#### Missouri Estimates of Homelessness

Like national estimates, estimates of homelessness in Missouri vary greatly. The St. Louis Mayors Task Force on the Homeless estimates there are approximately 1,000 homeless people living on the streets of St. Louis. St. Louis Relocation Clearinghouse data shows that at least 10,000 people were served by emergency shelters in 1983 and over 12,000 in 1984. The Reverend Larry Rice of the New Life Evangelistic Center estimates

that as many as 20,000 people could have been homeless one or more days in a period of one year.

The Kansas City Ad Hoc Committee on Shelter for the Homeless estimated Kansas City's homeless population ranges from 7,000 to 10,000 individuals during a period of one year.

Various organizations in Springfield estimate there to be approximately 25 to 50 homeless per month on the average in their area and the various agencies in the Columbia area estimates an average of 50 to 75 people per month with 40% of those having mental health problems.

Several smaller cities, including the city of Sedalia, reported that they have very few homeless people. The ones they are aware of are, for the most part, just passing through and for various reasons stop for short periods of time. Those on the verge of becoming homeless seem to leave smaller communities for larger cities, possibly because they believe they can find better employment opportunities in a larger city.

### Part III -- Who are the Homeless?

The homeless are often characterized as skid row bums -- white males, mentally unstable, unmarried, middle-aged, alcoholic. Homelessness is actually much more varied. Today homelessness transcends race, age, gender, and other distinctions. Women, children, entire families, those who are recently unemployed -- all have sought homelessness relief services in increasing numbers during recent years. Those with knowledge of homelessness in Missouri generally group the homeless into three categories: those afflicted by chronic disabilities; those experiencing traumatic personal crises; and those suffering from adverse economic conditions and lack of low-income housing.

The first category includes alcoholics, other drug abusers, and the chronically mentally ill. Deinstitutionalization, a federal policy deemphasizing the role of mental health institutions in favor of releasing mental patients into the community, was intended to create a more humane mental health system. Instead it may have resulted in many mentally ill persons ending up on the streets.

The second category includes those whose homelessness is caused by a traumatic personal crisis. Various reports have found that increasing family instability and changing social values have generated increasing numbers of runaways and victims of domestic violence who, at times, become homeless. In addition, some of the homeless are those released from prison,

refugees, or transient persons without resources, who are likely to be homeless only temporarily. Most probably lack economic resources or employment skills, but they are generally not as disadvantaged as the first group of homeless.

A third category of homeless persons includes those whose homelessness originates from economic forces beyond their control. Persons in this category are likely to be homeless for the first time and to have been homeless for a relatively short period. They are often referred to as the "new homeless." This group most often is made up of those who have a spotty or nonexistent employment history, and have economic stability which is marginal, at best.

Most homeless persons are single males. However, an increasing percentage of the homeless population is comprised of a significant number of families, according to a national survey.

Studies show that the homeless population is much younger than in the past. The median age of the homeless is late twenties to mid-thirties, with the average age being 30. Only a small percentage is elderly. A federal report explains the low proportion of elderly homeless in two ways. First, living on the streets requires physical strength and stamina. The harsh and unhealthy conditions of street life may result in death or hospitalization for some older homeless persons. Second, the "safety net" programs available to the elderly, e.g., Supplemental Security Income (SSI), Medicaid, food stamps, and subsidized housing, provide help for some older people who might otherwise be homeless.



Nationally, most homeless people are white, but the percentage of minorities is increasing. The minority population is overrepresented among the homeless, a significant change from 20 years ago. Nationally, forty-four percent of the shelter population is minority according to a national survey, with minorities comprising 20 percent of the U.S. population.

Nationally, over one-half of the homeless have lived in the area where they are currently located for over a year. Most of the homeless in Missouri are residents and have been for some time. A Kansas City survey of the shelter sites indicated that over 60% of the shelter residents have lived in Kansas City five years or longer and over 80% have lived in Kansas City more than one year.

It is estimated that Columbia, Missouri has the highest rate of transient homeless due to its geographical location on I-70 halfway between St. Louis and Kansas City, and its status as a major medical center.

#### Part IV -- Why Are People Homeless?

As discussed previously, the homeless have generally been categorized into three types. However, like any other social behavior, homelessness is too complex to be so conveniently organized. Homelessness is often caused by a diversity of factors. Ultimate causes and precipitating causes are sometimes difficult to distinguish. It should also be noted that asking people why they are homeless often results in a variety of answers. Some characteristics of the homeless may be a result of their situation, not a cause. For example, street life certainly exacerbates the problems of the mentally ill.

The committee, on an on-site visit, interviewed three men who were sleeping under a loading dock in St. Louis. Two of them were in their early thirties, the other in his late twenties. A member of the committee asked one man "why are you homeless?" His response was "I wouldn't be laying here if I had a job." Another said marital problems led to his homelessness.

Unemployment is one of the leading causes of homelessness. Homeless persons often have a history of poverty. In recessionary times, temporary or part-time jobs are more difficult to obtain since the homeless must compete for jobs with skilled workers who have recently become unemployed themselves. Many homeless people acquire new problems from living on the streets, such as medical and mental health problems, and may become unable to hold a job even if one became available. Persons without an address, home phone number, or transportation

have difficulty finding a job. If one is found, lack of transportation makes it difficult to keep a job. This predicament was often mentioned by the homeless as a real impediment to breaking the cycle of homelessness.

Various reports have distinguished between the current economic situation of the homeless and the role of unemployment in creating homelessness. The homeless have a few economic resources. Various studies suggest that 20 to 25 percent are employed, usually on a part-time or irregular basis, and another 30 to 35 percent receive some form of public assistance or welfare. The remainder, approximately one-half of the total, subsist by begging, selling blood, collecting and selling cans, crime, scavenging in garbage cans for food, or receiving handouts of some sort.

Much attention has been devoted to formerly "solid citizens" made homeless by the recession of the early 1980's. The committee cannot address this issue definitively, but in another report studied by the committee shelter operators estimated that over one-half of their residents had been unemployed for a long time or had never been employed; another one-third (35%) had been jobless for less than nine months.

The percentage of recently unemployed homeless persons was identical to that figure for those recently evicted (38%) and it might be assumed these two categories overlap to some degree. Homelessness caused by recent economic problems constitutes some 35 to 40 percent of total homelessness. Few of these, however, appear to fit the stereotype of middle class or skilled workers

who have become homeless recently. Committee hearings and research reveal that laid-off workers have, to a large extent, avoided homelessness through unemployment benefits, emergency assistance programs to assist with rental payments, renegotiation of mortgage payments, living with friends and relatives, etc. Those homeless for economic reasons generally are only marginally economically stable, such as elderly persons living on small pensions, single-parent welfare households unable to afford rents, or unemployed or occasionally employed males in their early twenties.

Traumatic Personal Crises are somewhat subjective and personalized. A personal crisis often combines with other factors to result in homelessness. Personal crises include divorce, being released from jail or a hospital with no place to go, being stranded while traveling, domestic violence, fires, and health-related problems. Various reports estimate that between 40 to 50 percent of the homeless in a five-year period are homeless due either partially or entirely to traumatic personal crises.

However, since people with acute personal crises tend to be homeless for relatively brief periods of time, the number of people in this category will be larger on an annual basis than it will at any given point during the year.

Mental Illness The high population of mentally ill among the homeless indicates that mental health care facilities and programs are insufficient. As mentioned previously, deinstitutionalization has probably had some effect upon the

homeless mentally ill. Between 1955 and 1980, the population of state mental institutions decreased by more than 75 percent even though the total U.S. population increased significantly. Nationally, experts believe that one-third to one-half of the homeless today are in need of psychological or psychiatric treatment.

The Department of Mental Health did a study of the homeless people in St. Louis evaluating their mental health needs. The department's study found that 56 percent of the people sampled had psychiatric symptoms that needed acute or chronic care. Of those persons, 40 percent also suffered from alcohol abuse.

Psychiatric services fell well below the level of need. Only 15 percent of the homeless were receiving mental health services. The study revealed that even though mental health problems are great, homeless people do not rate them as their most important need.

The majority of the homeless rated permanent housing as their greatest need. Unemployment was the next most important, with the weekly income of most homeless people surveyed to be approximately 30 cents.

The study also found that homeless people ranked job training, physical health care, food, clothing and personal safety needs above the mental health needs. (See summary of study - Appendix B).

Alcohol or drug abuse, long associated with the traditional skid-row population, is still a major factor in homelessness. Among those people who use emergency shelters, nationally 38%

were assessed by shelter operators as having a problem with alcohol or drugs. The Department of Mental Health study found that 35 percent of the total population of homeless in Missouri had drinking problems and 21 percent abused drugs.

Housing Another reason for the rise in homelessness is the decline in low-income housing. In 1975, 2 million low-income households spent over 70 percent of their income for rent. This number rose to 3.1 million in 1981 and 3.7 million in 1983. The percentage of low-income renters paying over 70 percent of their income for rent also increased from 21 percent in 1975 to 25 percent in 1981 and 30 percent in 1983.

Nationally, low-income housing has decreased because of high interest rates, greater profits available from other types of construction, rent control, neighborhood opposition to public housing, declining federal subsidies for developers and tenants, neighborhood crime, vandalism, and arson.

In Missouri, the committee believes that renovation and redevelopment in the urban areas have contributed significantly to the loss of available housing for the homeless. The decline in the number of residential hotels and rooming houses in the two larger urban areas of Missouri has removed one source of low-cost housing.

Cuts in Government Benefits Recent cuts in government benefit payments may also have contributed to homelessness, although the evidence is inferential. One of the federal government's most controversial measures in this area has been its effort to reform the Social Security Disability Insurance

program, which in 1983 provided monthly benefits to a total of 3.8 million disabled workers and their dependents. To receive payments a worker must be physically or mentally unable to perform any kind of "substantial gainful work" for which he is qualified, regardless of whether such work is available where he lives. Following a report by the General Accounting Office that as many as 20 percent of the beneficiaries might be ineligible under the law, the Reagan administration launched a "crackdown on ineligibility" in March, 1981. Between 150,000 and 200,000 people lost their benefits before the Administration halted its review of the beneficiary rolls in April, 1984 amid charges that truly disabled people, including some who were too mentally disabled to respond to termination notices, had been stricken from the rolls.

A Depressed Agricultural Sector The farm economy in Missouri is in its worst shape since the Great Depression of the 1930's. Debts owed by Missouri farmers have continued to increase yearly, going from \$4.8 billion in 1979 to \$7.1 billion in 1983.

Individual farmers have, at best, experienced reduced net worth during most of the 1980's. Many have suffered income losses on their farm operations to the point they have had to sell part of their land or other assets in order to remain in business. Still others have been forced to leave the farm, either voluntarily or through bankruptcy.

Last year more farmers faced forced liquidations and bankruptcies than in many years. A Department of Agriculture

survey indicated that for the period of January - March of 1985, the combined average number of liquidations and bankruptcies per county was 17 -- representing nearly 2,000 farmers. During the same period in 1984, the average number per county was 9.5 for a statewide total of nearly 1,100 farmers. This is a 79% increase over the previous year.

Last year, nine banks were closed across the state with the majority of these related to the farm crisis. Because of this, many segments of the rural economy and large number of rural people have been adversely affected.

The committee has no hard evidence to support the theory that the depressed farm and farm-related economy has swelled the ranks of the homeless in Missouri. In Springfield and Kansas City, however, several shelter operators told the committee that several farm-related families had been to their facilities in need of assistance.

Other causes of homelessness reportedly include:

- Lack of education and job skills of homeless persons
- Lack of motivation in self-improvement by homeless persons

Length of Homelessness

Homelessness usually is of short duration, but may be episodic.

There is evidence that the situation of many homeless persons is rather fluid. They move from shelters to the streets and back again, and also spend some time in hotels or with family or friends. Data also suggests that the homeless do not fall



into two mutually exclusive groups, those living on the street and those living in the shelters. Instead, there is considerable interchange between the groups.

The fluid nature of homelessness is one reason why some individuals use shelters intermittently. Another reason is that many shelters limit the length of time that a person can stay.

## Part V -- Shelters and Services

Providing emergency, transitional, and long-term housing for the homeless is the primary purpose of many programs that assist the homeless. Most of these programs, however, provide more than a place to sleep. To varying degrees they provide food, clothing, counseling, health care and referral services.

Although services vary among programs, the numbers of ongoing training services tend to increase as one moves from emergency to transitional housing programs, while direct aid services tend to decrease in long-term housing programs.

Emergency Programs provide shelter immediately to as many people as can be accommodated. Although length of stay may be more than one night, guests are required to leave and return anew in order to stay.

Transitional Programs provide shelter for extended periods of time, one week to six months, while guests attempt to find permanent housing. Most programs require guests to go through an application, referral and/or screening procedure.

Long-term Programs provide affordable, often subsidized, and sometimes sheltered, housing. The target population in most cases is chronically or intermittently homeless people. Most programs require guests to go through an application, referral and/or screening process.

To some extent these distinctions are arbitrary. Some programs may be on the borderline between emergency and transitional, or between transitional and long-term types. Other programs may provide more than one type of shelter or housing; however, the categorizations are useful in understanding how programs are developed and managed and how they help the homeless.

A survey done by United Way of Greater St. Louis area shows approximately 700 beds are available in 18 emergency shelters located within the St. Louis area. Under normal weather, space for approximately 90 additional persons is available by allowing people to sleep on floors and church pews. This total number increases even more in periods of severe weather due to additional service provision. Using the 700 count, approximately 477 beds are in St. Louis City, 36 in the St. Charles area, 131 in the Illinois area, and an estimated 56 available in St. Louis County via the "safe house" program for victims of spouse abuse. Seventy of the 700 are available in the winter only, bringing the year-round total to approximately 630.

Most of the shelters are small, with 18 providing up to 25 beds, 7 providing 26 to 50 beds and 3 providing 51 to 75 beds. All the shelters provide beds for the night, and some expand their capacity by allowing people to sleep in other locations. Shelters vary in the maximum stay allowed with lengths of stay ranging from 3 nights to 90 days.

Many shelters are willing to serve only certain client populations. For instance, most of the shelter space currently

available in St. Louis County is for victims of spouse abuse. One shelter in St. Louis City has 20 beds solely for pregnant women and their children.

Some programs make referrals for housing and jobs, with some actually having employment-training services. For example, the New Life Evangelistic Center is training some homeless persons to become television technicians with on-the-job training at its television station in St. Louis.

In spite of differences due to scale, services and resources, all programs share common goals and confront similar problems. The problems experienced and the strategies used to combat them often depend on the stage, or lifecycle, of the program.

Fear and ignorance are two factors that have hampered communities from caring for the homeless. People do not understand homelessness. They do not know who the homeless are or why they do not have homes. They are uncomfortable being around a person who seems to have no place to go.

Members of the general public are not the only ones who react uncomfortably to homelessness. While many programs exist for alcohol and drug abuse, many clinics and hospitals exist for mental and physical health problems, and many programs provide aid to mothers with dependent children and assistance in vocational training, few professionals working in these fields are also prepared to deal with the problems associated with homelessness.

All housing and shelter programs share the need to alleviate fear, educate the community about the problems of the homeless, and help the community on the problems associated with homelessness. A common characteristic of successful programs is their ability to gather support from most community sectors. Different approaches are used depending on program goals and resources. Techniques or approaches can be divided into three major categories:

Public Relations and Education - activities aimed at reducing fear and gaining support from individuals, families, and businesses in the community.

Networking - activities that involve working with other public and private organizations that provide goods, services, and advocacy (political, legislative, and financial support) that are needed by the homeless.

Publicity - activities aimed at informing homeless people and other service agencies about the program's availability and services.

The major objectives of public relations activities are to dispel myths and allay public fears. To accomplish these goals, programs first must understand the myths and acknowledge that the fears are real, regardless of their justification. Myths such as, "People choose to be homeless," and "all homeless people are derelicts," together with fears about violence, theft and contamination perpetuate the cycle of instability and despair in which many of the homeless are caught. Therefore, a primary goal

of public relations is to help the community see the homeless as individuals.

There are many public relations activities that can help to achieve this goal. These include releasing news articles, giving public speeches, providing training workshops, developing and distributing brochures and asking community members to serve on advisory boards. Although the approaches may vary depending on program resources and target audiences, all of these activities help educate and inform. Few programs have the in-house resources necessary to care for all of the needs of their guests. Networking with public and private service agencies and organizations is a way to expand program effectiveness while getting one step closer to providing for these basic needs. In those instances where a program is part of a consortium or multi-service organization, internal networking is as important as external networking.

The underlying purpose of networking is to gain and share information and services. Whereas publicity is aimed at the public at large, networking is targeted to specific groups.

Publicity is an outreach function that informs the homeless and non-homeless within a community of a program's existence. It includes outreach activities to the homeless - working the streets - as well as formal presentations to local police and other groups that have contact with the homeless. In addition, invaluable publicity can be obtained by establishing relationships with local print and broadcast media. By keeping

the media informed of program needs and successes, continued public support can be maintained.

#### Selected Committee On-Site Observations

On September 4, 1985, the committee toured four of the approximately 23 major shelters (see appendix C) and agencies that provide services in the St. Louis metropolitan area. At the New Life Evangelistic Center the committee met with approximately 10 - 13 homeless men in a short round-table discussion of the issues and problems of day-to-day life as experienced by these men.

The following comments were taken from conversations with homeless men, referred to as X and Y for identification purposes.

Homeless man X was approximately 33 years of age, appeared to be in excellent physical condition, and was a Vietnam veteran. He asked the committee, "Do you really want to know what being homeless is like? It's living hell. People treat you like a dog, actually some people treat their dog better. Funny I should mention dogs, I recently found myself in competition with a dog for dinner. I fought a dog at a local McDonalds dumpster for a hamburger they threw away after closing. It was a tough fight but I won. All I want is to be treated like a man, a human being, and given a chance."

Homeless man Y was approximately 45 years old and had been homeless for 8 years. He said, "Many people think homeless people are mental cases, winos and bums who don't know what they are talking about." In tears he proceeded to say "...last year I

lost my number one partner. I left him sick and asleep in a large trash container in an alley while I scrounged up something to eat. When I got back a trash truck had backed up and unloaded the container with my friend in it. I ran screaming and tried to stop them from crushing him. They wouldn't listen to me. They thought I was just another drunken bum trying to get my bottle out of the dumpster. They crushed him, they crushed him to death."

On September 12, 1985, the committee toured six of the major shelters in the Kansas City area. With the help of Reverend Joe Colaizzi, Kansas City Rescue Mission, the committee was able to see what many people would consider the old breed of homeless. The homeless in the area call it "the jungle."

Imbedded in a grove of trees between railroad tracks and the Missouri River were the dwellings of three homeless people. Only two inhabitants were at home but they welcomed the whole committee into their dwelling site for a friendly chat. One of the homeless persons was a man 42 years old, who referred to himself as "Roadrunner" and the other person was a woman, approximately 73 to 80 years old, commonly referred to as "Mom".

The camp site of these homeless was very rustic with two lean-to's built out of plastic, plywood, assorted boards, cardboard and rags for shelter. The shelters' floors were covered with carpet remnants and several broken-down couches were available. One side of a shelter was totally open. In front of Roadrunner's shelter was a campfire with a pot of "mud" perking.



Roadrunner explained that he had found this camp five years ago. At that time his roommate had lived there a year previously and Mom they estimated had lived there two or three years prior to their arrival. Roadrunner further explained that he was originally from Mississippi and had lived in California for many years and a number of states temporarily. One member of the committee questioned Roadrunner about his lifestyle and he told the committee he chose this style of life and had lived this way from the time he was 15 years old and that he was content in continuing to live such a lifestyle.

The older woman named Mom rambled when questioned by the committee and it became evident that she was in need of psychological therapy.

The majority of homeless people interviewed through on-site visits told the committee their most important needs and concerns are housing and unemployment.

Among the housing needs the committee found there is a strong need for more permanent low-income housing. More and more families are entering the ranks of the homeless in Missouri and there are not enough emergency shelters geared to keep the family unit together.

Many of the homeless people the committee interviewed indicated they would like to see more day facilities -- a place to stay during the day in order to receive phone calls, mail, casework services, and a general place to just come out of the elements of the weather.

## Recommendations

Housing -- There is a great need for permanent and temporary low-income housing and housing assistance across the state for the homeless. This need is especially critical for single persons. The state should provide a subsidy to persons interested in developing single-room-occupancy housing for the homeless. Such subsidies, subject to appropriations limits, would be used to match money raised by developers and political subdivisions. Such subsidies should be used only for projects which would qualify for federal low-income housing assistance programs to ensure that such projects comply with pertinent safety codes. The committee also supports the continuance of current programs of the Missouri Housing Development Corporation designed to provide housing for homeless persons.

Health and Mental Health Care -- The state should subsidize the cost of health care provided to the homeless on a matching funds basis with political subdivisions. Current efforts of the Department of Mental Health to provide care to the homeless through programs such as the Shamrock Club should be expanded. Counseling services to address the emotional stresses of homelessness should be incorporated into such programs.

Legal Services -- Because of reductions in federal support for the federal Legal Services program, which provides legal assistance to low-income persons, the state should respond to the need for adequate legal representation. Private law firms should be allowed and encouraged to contract with the state, within limits of appropriations, to provide legal services for the homeless.

Networking -- The committee strongly recommends that local governments and private service providers cooperate to establish a centralized source of information regarding services available for the homeless in a particular area. This will allow for better coordination of services, improve estimates of service needs, and may help prevent homelessness by informing people of programs which might otherwise go unnoticed. Each pertinent state agency should cooperate with such networking efforts to ensure that information is comprehensive.

The committee supports the development of such centralized programs. A proposal in St. Louis city to convert the former City Hospital into a homeless shelter and service center is an example of a good local response to the need to centralize and coordinate services.

Publicity -- As noted earlier in the report, publicity regarding the homeless is essential. Fear of and ignorance about the homeless can only harm governmental ability to respond to the problem. Public understanding of homelessness will generate increased community support for the programs that will help alleviate this social ill. All advocates for the homeless should, to the greatest extent practicable, coordinate publicity efforts to maximize results. The public should know that homelessness is not just a affliction of alcoholic, deranged bums.

## Acknowledgements

Emergency Shelter, Department of Planning and Research of the Planning Council of the United Way of Greater St. Louis.

Ad Hoc Committee for the Homeless, Preliminary Report, Kansas City, Missouri

Homeless People in St. Louis: A Mental Health Program Evaluation, Field Study, and Followup Investigation, Volume I, Gary Morse, Ph.D.

Helping the Homeless, U.S. Department of Health and Human Services

Mayor's Task Force on the Homeless, George Eberle, Chairman

Task Force on Emergency Housing, Final Report and Recommendations, March 1983.

Homeless in America, Newsweek, January 2, 1984, Volume III, No. 1.

Interim Report: Displaced and Homeless Persons in St. Louis County, St. Louis Relocation Clearinghouse

1933/1983 - Never Again, A Report to the National Governor's Association Task Force on the Homeless by Mario M. Cuomo, Governor of the State of New York, July 1983.

Ranks of Homeless Growing, Kansas City Times, Thursday, November 22, 1984.

A Conversation with the Reverend Larry Rice, New Life Evangelistic Center.

Housing Needs and Conditions in America's Cities, U.S. Conference of Mayors, June, 1984.

Homeless People in Missouri: Needs Assessment Study, Gary Morse, Department of Mental Health

Report to the Secretary on the Homeless and Emergency Shelters, Office of Policy Development and Research, U.S. Department of Housing and Urban Development, May, 1984.

Homelessness: A Complex Problem And The Federal Response, U.S. General Accounting Office, April 9, 1985.

Tour: New Life Evangelistic Center, 14th and Locust, St. Louis, Missouri, September 4, 1985.

Tour: Shamrock Club, Mental Health Facility, St. Louis

Missouri, September 4, 1985.

Tour: Harbor House, Salvation Army Facility, 3070 Washington,  
St. Louis, Missouri, September 4, 1985.

Tour: The Streets of St. Louis, September 4, 1985.

Tour: Shelter For The Homeless, 1026 Forest, Kansas City,  
Missouri.

Tour: Wayne Minor Health Center, 825 Euclid, Kansas City,  
Missouri, September 12, 1985.

Tour: Kansas City Rescue Mission, 523 Walnut Street, Kansas  
City, Missouri, September 12, 1985.

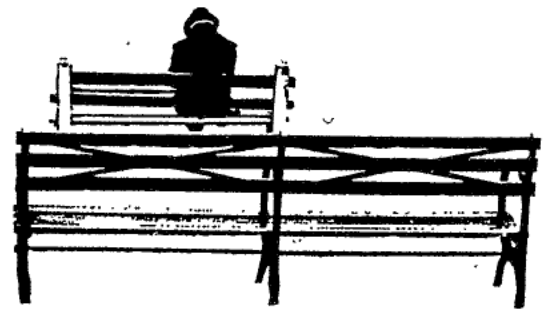
Tour: Salvation Army, Emergency Lodge, 101 W. Linwood,  
Kansas City, Missouri, September 12, 1985.

Tour: Metro Lutheran Ministry, 3031 Holmes, Kansas City,  
Missouri, September 12, 1985.

Tour: City Union Mission, Inc., 1108 E. 10th, Kansas City,  
Missouri, September 12, 1985

Tour: Swope Parkway Comprehensive and Mental Health Center,  
4900 Swope Parkway, Kansas City, Missouri, September 12, 1985.

# APPENDICES



## Appendix A

### 1. Published Homeless Estimates in Various Localities

One way of estimating the number of homeless nationwide is to take the highest published available local estimates, however derived, at face value and to extrapolate from them (see Table 1). Since many of the localities for which estimates are presented are places where the problem of homelessness is likely to be more severe, a straight extrapolation from them is likely to be on the high side. This procedure assumes a constant rate of homelessness in all areas of the country, whether it be New York City or a rural county in Wyoming. Evidence will be presented later, however, to show that homelessness in small towns and rural areas is not as high as in metropolitan areas. Furthermore, this procedure is premised on the highest estimate being correct for each place shown.

The estimates presented in Table 1 reflect the situation prior to the current winter. The earliest estimate used was published in November 1981, but most were published in 1982 and in 1983. The largest single source of this information is the Report to the National Governors' Association Task Force on the Homeless but others include newspaper articles, studies, Congressional hearings and task force reports. Estimates which include only one category of the homeless, such as those in certain types of shelters or those served by particular city agencies, are excluded since these figures underestimate the total number of homeless persons in a metropolitan area. Also excluded are cumulative yearly totals of those who might have used shelters at any point in time throughout a year since these figures over-estimate the number of homeless on a given night. The numbers presented refer to the total number of homeless persons at a particular point in time. When more than one estimate exists for a locality, the highest and lowest figure are given in the table.

In calculating the rate of homelessness, the highest local homeless figures are taken from 37 localities in which they are available and summed over the total metropolitan population in those areas. The metropolitan population is used since there is consensus among observers that there are few homeless persons in suburban areas. Homeless persons tend to be drawn to central city areas. Most shelters and other facilities, such as soup kitchens and welfare agencies, are concentrated in the central city rather than the suburbs, and suburban ecology provides few sleeping places for those outside the shelters. Most abandoned buildings, heating grates, bus and train terminals, etc., are located downtown.

If one uses the highest local estimates unquestioningly, the overall homeless rate is .25 percent, or 25 persons per 10,000

population. A straight extrapolation of this rate to the entire nation produces a figure of 586,000 homeless. Because of the way this figure was arrived at, it is likely to be an outside estimate.

## 2. Interviews with Local Experts in a National Sample of Metropolitan Communities

A second approach to estimating the number of homeless people nationwide uses estimates by local observers, but attempts to resolve some of the problems inherent in the first approach. First, a valid national sample of 60 metropolitan areas was selected so that the estimated national total is not based only on those places where the homeless problem is severe or where published information exists. Second, over 500 telephone interviews were conducted in these areas. Third, instead of simply accepting the highest local figure provided during these interviews, the reliability of each of several local estimates was examined. Fourth, a more standardized information collection procedure was employed, using the same definition of homelessness from city to city and the same time period -- the winter of 1984 (December 1983 to January 1984) as its basis.

The number of different estimates obtained for each area was as follows: three to five for smaller metropolitan areas; four to seven for medium-sized metropolitan areas; and eight to twelve for large metropolitan areas. For large metropolitan areas estimates were obtained separately for both the central city and surrounding jurisdictions (usually counties).

A single metropolitan estimate was computed by assessing the information underlying each estimate and calculating an average which took into account the reliability of each estimate received. Estimates derived from "street counts" and "shelter bed statistics" received more weight than estimates dependent on "impressions of the street population." The overall expertise of the interviewee was also evaluated in terms of his/her involvement with the issue and level of knowledge about the homeless. Where estimates were considered totally unreliable, or "pure guesses," they were excluded from the analysis.

Table 2 shows both the lowest and highest estimates, and the most reliable range of estimates for each of the 60 metropolitan areas in the sample. These data are the basis for calculating a national estimate of the homeless in all metropolitan areas, a figure of 210,000. To estimate the number of homeless persons in non-metropolitan areas, it was assumed that the rate of homelessness in smaller towns and rural areas was equal to that for the small metropolitan areas. Multiplying the population outside the metropolitan areas by this rate produces an estimate of 44,000 homeless. Combining this figure with the 210,000 in metropolitan areas produces an estimate of 254,000 nationwide.



### 3. National Figure Based on Extrapolation of Estimates Provided By Shelter Operators.

Since shelter providers have the most immediate and direct contact with homeless individuals, they were asked as part of a larger survey to estimate the total number of homeless in their metropolitan areas. Given the fact that the survey was based on a national random sample, their estimates can be generalized to the nation. However, unlike the previous method which involved assessing the reliability or basis of each local estimate, the figures given by the shelter operators were simply accepted as given.

Extrapolating from the shelter operators' estimates, the number of homeless persons nationally for all metropolitan areas is 309,000. Adding the estimate of homeless persons in non-metropolitan areas (44,000) to this figure produces a total national estimate of 353,000. As in the second approach, this figure represents the average number of homeless persons on any given night in December 1983 or January 1984.

### 4. Street and Shelter Counts.

On any given night, the homeless are found either in emergency shelters or "on the streets." A fourth way of arriving at the homeless population is to estimate those in each place, and then sum the figures. The national shelter survey makes it possible to estimate the size of the former group with a high degree of confidence. According to the records of shelter operators. There were an average of 69,000 people in all shelters on any given day in January, 1984.

The second group is, for several reasons, very hard to count because some homeless persons are able to maintain a reasonably good personal appearance and behave "normally" enough that they are often overlooked by casual observation. Furthermore, some homeless persons have an interest in concealing the places where they sleep, because they fear being harassed or victimized.

Such factors have been used to explain why some attempts to contact or count the number of homeless have yielded very low numbers. Thus in early 1982, the Baltimore City Planning Department conducted citywide street census using police officers as enumerators, and during a 24-hour count located only 29 homeless individuals. In Richmond, Virginia, two reporters searched the downtown area and discovered only 16 people. Yet the Greater Baltimore Shelter Network estimates that there are about 600 homeless at any one time in the city and in Richmond, the downtown homeless population was variously estimated at 50 to 135 by local experts.

In estimating the number of homeless "on the streets," two kinds of count data are used; the first from the 1980 Census

"casual count," and the second from locally-done street counts in three cities: Boston, Pittsburgh, and Phoenix.

#### 5. 1980 Census count.

The 1980 Census attempted to account for highly transient individuals, not counted using other procedures, by means of a "casual count" of homeless persons at places such as employment offices, bus and train stations, welfare offices, food stamp centers, pool halls, and street corners. The number of persons enumerated during the "casual count" cannot be considered a national census of the homeless, however, since the count took place only in some census districts. The figure of 23,237 homeless discovered by this procedure, therefore, must be adjusted.

The census districts where the "casual count" was conducted contained 12 percent of the U.S. population; if it is assumed that they contain also the same share of the homeless population, this amounts to a total of 166,000 homeless people on the streets in 1980. Since most local interviewees in the sample of 60 metropolitan areas estimated that the numbers of homeless have increased an average of about 10 percent a year, this figure is adjusted upward to account for changes since the census was taken. The adjusted figure is 233,000. However, since the street count was only conducted in larger cities, where the homeless rate is higher, this figure should be reduced by 35,000 to compensate for large city bias. The resulting estimate of the national number of people "on the street," then, is 198,000.

#### 6. Local count extrapolations.

Street counts of the homeless were carried out in Phoenix (March 1983), Pittsburgh (June 1983) and Boston (October 1983). All three studies were conducted in a systematic fashion during periods of relatively mild weather when more people are likely to be on the streets, by groups with considerable experience in studying the homeless. These counts are the only ones known to exist at the present time.

In all three cities, more people were found to be on the streets than in the shelters, as Table 3 shows. Expressed as a ratio, for every 200 persons in shelters, there were 129 persons on the street in Boston, 273 in Phoenix, and 130 in Pittsburgh. The average street-to-shelter ratio for the three is 178:100. Given the estimate of 69,000 in shelters nationally, and assuming the ratio to be valid nationally, there would be 123,000 persons on the streets. While this method of arriving at the street population is based on only three cities, the result (123,000) is not all that different from the Census county (198,000).

Depending on which method is used to calculate the number of homeless people outside of shelters, the homeless total varies between 192,000 and 267,000 (see Table 4). The latter figure,

in particular, is very close to that derived from the interviews with local observers (254,000).

### Conclusion

The preceding analysis has presented four approaches to estimating the national number of homeless persons. The range of estimates is 192,000 to 586,000.

As best as can be determined from all available data, the most reliable range is 250,000 to 350,000 homeless persons. This represents the total number of people, nationally, who were homeless on an average night in December 1983 or January 1984, and includes anyone who meets the criteria for homelessness adopted in this study. It is important to note that this group consists of people who have been chronically homeless and those who are temporarily without shelter.

It should also be noted that there is considerable turnover in this group, i.e., not all of these people have always been or will continue to be homeless. As will be indicated later, a substantial number are either occasionally or temporarily homeless. It may well be that in another year the number of homeless would be the same, but that the group could consist of substantially different people because of high turnover.

### Regional and City Size Differences

The severity of the homeless problem varies noticeably by region and city size. Contrary to the popular view that homelessness is most concentrated in the Northeast, the West has the highest share of the nation's homeless. Almost one-third of all homeless people in metropolitan areas are in the West, even though only 19 percent of the country's population lives there. The other three regions have roughly similar shares -- between 22 and 24 percent (see Table 5).

This pattern may become even more accentuated in the summer, since the homeless population in the West and Southwest grows during this time of the year. The greater concentration of homeless in the West probably reflects both the attractiveness of its climate and perceived employment opportunities which attract itinerant job-seekers as well as those who may have been displaced from jobs in the Midwest. Local officials also noted the relative lack of old, low-cost housing, such as boarding homes or SRO-type hotels, as a reasons for homelessness. A unique situation in the Southwest is the migration of Indians from reservations with very high unemployment rates to neighboring metropolitan areas in search of employment.

The Southwest is also experiencing an increase in the number of Mexican immigrants who enter the United States in search of employment. However, most of these people do not become homeless because, according to local officials in Los Angeles, they are

cared for by their families and friends, "doubling-up" so that few actually end up on the streets.

The great majority of the homeless are found in large metropolitan areas. As Table 6 shows, the ratio of homeless to total population is 13 persons for every 10,000 population in large and medium-sized metropolitan areas; it drops by about one-half in small metropolitan areas (to 6.5 persons per 10,000). Therefore, the homeless share of the population is greater in metropolitan areas over 250,000 than in less populous areas. Large metropolitan areas do not, however, have proportionately more homeless persons than medium-sized urban areas.

The reasons why there is a higher rate of homelessness in large cities than in small cities parallel those given for why homelessness is more prevalent in central cities than in suburbs: there are more shelters and more social services in large cities. In addition, unemployed homeless people may be attracted to large cities because of the perception of more job opportunities. Finally, large cities have always contained relatively more poor households who have a greater chance of being homeless at one time or another than do higher-income households.

TABLE 1

PUBLISHED ESTIMATES OF THE NUMBER OF HOMELESS PERSONS IN 37 LOCALITIES		
Place	Number of Homeless	Sources
Atlanta	1,500 - 3,500	a/ b/ c/
Baltimore	8,000 - 15,000	Baltimore Sun 9/24/82, Atlantic 10/83
Birmingham	291	Birmingham News 11/24/83
Boston	2,000 - 8,000	a/ b/
Brockton	250	e/
Buffalo	500	d/
Chicago	12,000 - 25,000	a/ c/ New York Times 6/3/83
Cleveland	400 - 1,000	a/ c/
Denver	1,500 - 5,000	b/ c/ Denver Post 3/6/83, USNR 1/17/83
Detroit	2,000 - 8,000	a/ b/ New York Times 6/3/83
Elizabeth	300	Star Ledger 4/22/83
Fresno	600	f/
Jacksonville	150 - 300	a/
Los Angeles	22,000 - 30,000	b/ Los Angeles Times 12/26/82, USNR 1/17/83
Miami	4,000	Miami News 2/12/83
Minneapolis	900	Minneapolis Tribune 11/29/81
New York	36,000 - 50,000	b/ Atlantic 10/83
New Orleans	700	a/
Norfolk	100 - 300	f/
Orlando	400	f/
Philadelphia	8,000	Philadelphia Inquirer 12/12/81
Phoenix	500 - 6,200	a/ b/ c/ Newsweek 1/2/84
Pittsburgh	1,500	Pittsburgh Post Gazette 1/2/82
Pittsfield	50	e/
Portland	1,000 - 2,000	a/
Richmond	2,000 - 4,000	a/
Rochester	400 - 500	Rochester Times-Union 3/11/82
Salt Lake City	600 - 1,000	a/ c/
San Francisco	4,000 - 10,000	a/ b/ c/
San Jose	1,000	a/
Seattle	500 - 5,000	a/ b/ f/ USA Today 2/18/83
Springfield	570 - 780	c/ e/
Syracuse	450	d/
Tucson	3,000	Los Angeles Times 12/26/82
Tulsa	1,300	a/
Washington D.C.	5,000 - 10,000	Washington Post 9/11/83
Worcester	2,500	e/

a/ Cuomo, Mario, 1933-1983, Never Again, A Report to the National Governor's Association Task Force on the Homeless, (July 1983).

b/ Editorial Research Report, (October 24, 1982).

c/ Homelessness in America, Hearing before the Subcommittee on Housing and Community Development of the Committee on Banking, Finance and Urban Affairs, House of Representatives, 97th Congress, December 15, 1982 (Washington, D.C., U. S. Government Printing Office, 1983).

d/ Governor's Task Force on the Homeless, Albany, New York

e/ "Profile of the Homeless in Massachusetts," Governor's Office (April 28, 1983).

f/ Jacksonville Community Council, Downtown Derelicts Study (May, 1982).

TABLE 2

## Local Estimates of Homeless Persons in 60 Metropolitan Areas

	Lowest Estimate	Highest Estimate	Most Reliable Range
<u>Large Metropolitan Areas</u>			
Baltimore	450	750	630 - 750
Boston	2,300	5,000	3,100 - 3,300
Chicago	17,000	26,000	19,400 - 20,300
Cincinnati	350	1,350	800 - 950
Cleveland	200	2,000	400 - 420
Detroit	3,000	9,000	7,200 - 7,800
Hartford	250	1,800	600 - 1,800
Houston	450	12,500	5,200 - 7,500
Kansas City, MO	150	1,500	340 - 400
Los Angeles	19,500	39,000	31,300 - 33,800
Miami	1,000	10,000	5,100 - 6,800
Minneapolis/St. Paul	700	1,150	870 - 1,150
New York	12,000	50,000	28,000 - 30,000
Philadelphia	450	8,050	2,200 - 5,000
Phoenix	300	1,500	750 - 1,400
Pittsburgh	50	1,500	600 - 1,175
Portland	600	2,700	1,400 - 1,700
San Francisco	7,500	11,500	7,700 - 8,800
Seattle	1,300	5,000	3,100 - 3,250
Washington, DC	3,000	10,500	3,000 - 6,400
<u>Medium-sized Metropolitan Areas</u>			
Baton Rouge, LA	100	200	150 - 200
Birmingham, AL	300	1,000	550 - 600
Charleston, SC	50	250	75 - 90
Charlotte, NC	70	400	235 - 315
Colorado Springs, CO	45	200	95 - 100
Davenport, IA	75	500	330 - 390
Dayton, OH	75	1,000	250 - 340
Fort Wayne, IN	150	1,000	700 - 750
Grand Rapids, MI	56	550	270 - 430
Little Rock, AR	100	3,000	250 - 770
Las Vegas, NV	400	2,000	950 - 1,250
Louisville, KY	300	2,000	500 - 650
Raleigh, NC	50	225	200 - 225
Richmond, VA	325	2,250	1,100 - 1,250
Rochester, NY	91	300	120 - 150
Salt Lake City, UT	200	650	425 - 650
Scranton, PA	50	100	65 - 75
Syracuse, NY	250	450	370 - 380
Tampa, FL	250	1,500	550 - 700
Worcester, MA	700	3,250	1,500 - 1,900
<u>Small Metropolitan Areas</u>			
Annapolis, MD	10	125	70 - 80
Athens, GA	10	75	25 - 60
Binghamton, NY	44	75	40 - 65
Bowling Green, KY	0	9	8 - 9
Columbia, MO	15	85	55 - 75
Danville, VA	0	150	30 - 100
Durham, NC	10	50	40 - 50
Fall River, MA	5	150	25 - 40
Hazleton, PA	0	100	5 - 20
Jackson, MI	25	88	40 - 55
Lincoln, NE	50	150	115 - 150
Lewiston, ME	22	30	25 - 30
Lompoc, CA	2	55	20 - 50
Merced, CA	20	50	35 - 50
Monroe, LA	25	120	25 - 105
Monroe, MI	15	37	20 - 25
Pueblo, CO	35	55	45 - 50
Reno, NV	100	400	285 - 340
Sioux City, IA	50	73	50 - 60
Tyler, TX	18	350	35 - 50

TABLE 3

Local Street and Shelter Counts		
	Street Count Total	Shelter Total
Phoenix	1,813	664
Pittsburgh	485	372
Boston	1,190	925
Total	3,488	1,961

TABLE 4

Summary: Shelter and Street Counts	
Shelter Population in Metro Areas	57,000
Shelter Population in Non-Metro Areas	<u>12,000</u>
Total	69,000
Street Count (Local Area Data) in Metro and Non-Metro Areas	123,000
Street Count (1980 Census) in Metro and Non-Metro Areas	233,000
(Adjustment for Over-Sampling in Large Urban Areas)	<u>- 35,000</u>
	198,000
<u>Total Homeless:</u>	
Shelter Population plus Local Area Street Count	192,000
Shelter Population plus 1980 Census Street Count	267,000

**TABLE 5****Numbers of Homeless by Census Region  
for Metropolitan Areas of 50,000 +  
January 1984**

<b>Region</b>	<b>Number</b>	<b>Percent of Total Homeless</b>	<b>Percent of 1980 Population</b>
South	50,000	24	33
North Central	45,400	22	26
North East	49,500	24	22
West	65,500	<u>31</u>	<u>19</u>
Total	210,400	101	100



TABLE 6

---

**Estimates of Homeless Persons By Size  
of Metropolitan Area**


---

Estimate of homeless in large metropolitan areas (1,000,000 +)	150,000
Estimate of homeless in medium metropolitan areas (250,000 to 1,000,000)	41,000
Estimates of homeless in small metropolitan areas (50,000 to 250,000)	19,000
Total	<u>210,000</u>
Extrapolated estimate for non-metropolitan areas	44,000
Total	<u>254,000</u>

---

**Number of Homeless Per 10,000 Population**


---

Large Metropolitan Areas	13.0
Medium Metropolitan Areas	12.0
Small Metropolitan Areas	6.5

---



## Summary - Homeless People in St. Louis:

### A Mental Health Program Evaluation, Field Study, and Followup Investigation

Homeless people varied widely on a number of aspects, especially the length of homelessness, although some common patterns did emerge. The vast majority of the homeless were young (under age 40), from low socioeconomic backgrounds, and had suffered extremely high levels of life crises in the year preceding homelessness. About two-thirds were minority group members. Almost all of the homeless were single, separated, or divorced but one-third had dependent children living with them. Transients comprised a small minority of the homeless; the overwhelming majority should be considered permanent St. Louis residents. Almost one-half were homeless for the first time, while the remainder had been homeless two or more different times. About one-third slept at least some nights on the streets as well as in shelters.

Almost one-half of the homeless people were found to have highly elevated levels of psychiatric symptoms. Paranoid ideation and psychoticism were the most common symptom types, and a few of the homeless were noted to have excessive suicidal or injurious impulses. One-fourth of the sample had previously been hospitalized for mental problems, typically before becoming homeless, and an additional 16.1% had previously received outpatient mental health treatment. Slightly more than one-half of the homeless people stated a willingness to receive mental health service, but only a small minority of the homeless - 15.3% - were actually currently receiving any form of mental health treatment or assistance. An examination of past and present treatments indicated that psychiatric medication and counseling/psychotherapy were the most commonly received services; relatively few were currently or had ever received Community Support Services, particularly residential programs. A categorization of persons by their level of mental health need found 44.3% of the homeless had normal need, 35.8% had crisis/acute mental health need, and 19.9% had chronic mental health needs. Those with chronic needs were found to have a greater mental health service willingness and to be more likely to be receiving current mental health service. Those with chronic problems also, however, had a poorer quality of life than either the crisis/acute group or persons with chronic mental health problems who were supported by a state Community Support Program.

A common pattern of results was found in all human service areas where comprehensive information was obtained: the existing needs and service willingness of homeless people far exceeds the current level of services provided to the homeless. The most striking results were found for permanent housing and employment needs. Permanent housing was the highest priority of homeless people, desired by nearly every person, but only 21.8% of the sample were receiving any type of assistance for obtaining permanent housing. Similarly, 90.7% of the homeless were unemployed, employment assistance was the second most highly valued priority, and yet employment assistance was being provided to only 20.6% of the people. The job skills of homeless people were typically low, with about two-thirds being unskilled or semiskilled workers. Job training was highly desired, but few (10.9%) were currently receiving training. A slightly larger number, although still a minority of the homeless, were receiving some financial assistance. Most of the homeless, however, were markedly poor. The income in the previous week for 62.1% was \$0. The median weekly income of all homeless people was 30 cents. Other areas of unmet needs

for a majority of the homeless included physical health, food, and clothing. Many homeless people also appeared to be in need of greater social support.

A significant minority of the homeless manifested substance abuse problems, particularly alcoholism. About one-third were in need of and willing to receive alcohol/drinking treatment, although only 5.7% were currently receiving treatment. A lesser number, 18.9% had drug abuse problems, ranging from slight (11.1%) to severe (4.5%) in nature.

A minority of the homeless had problems with the law. About one in five had been arrested at some time while homeless, and one in ten convicted of a crime and incarcerated. It appears, however, that homeless people are more likely to be the victims than the perpetrators of crime. While homeless, 7.7% had been sexually abused, and 28.3% had been assaulted or robbed. Not surprisingly, improved personal safety is an important concern for a majority of the homeless.

The most basic service implications follow directly from the findings. The vast majority of the homeless need assistance in obtaining housing and employment. If homelessness is to be dramatically reduced, it may be necessary to provide new housing and employment opportunities, as well as assisting homeless people to obtain currently existing resources. Job training and financial assistance services are also needed, and may help to stabilize people in a non-homeless environment. Shelters, meanwhile, are providing an important service for temporary housing, but they need to be supplemented by improved and expanded service for physical health problems, clothing, food, physical safety, and social support.

Additional treatment services are also needed for substance abuse problems. In many cases, the drinking behavior will be the desired focus of intervention. However, for others, it will be useful to consider the necessary role of mental health treatment, since a secondary data analysis revealed that there is a large overlap between drinking and mental health problems: specifically, 40.1% of those with mental health needs (crisis/acute or chronic) also had problem drinking behavior. This association raises questions as to whether individuals with both alcohol and mental health needs are primarily in need of alcoholism treatment, or psychiatric treatment, or whether both problems are of equal importance. An unequivocal answer from the present study is not possible. The limited information available in the existing literature does indicate, however, that individuals with serious mental disorders may secondarily abuse alcohol and street drugs while homeless, perhaps as a way to "self-medicate" the psychiatric symptoms (Baxter & Hopper, 1982; Bogue, 1963, Reich & Siegal, 1978). These observations suggest that, at least in some cases, mental health treatment is the most fundamental service need.

A multivariate statistical procedure (cluster analysis) allowed for a reliable subgroup classification of 94.4% of the homeless sample on the basis of differing problems and service needs. Four subgroups were discovered:

1. A homeless average needs subgroup, which was the single largest subgroup (53.2% of the total sample).
2. A drinking problems subgroup (19.8%) with a secondary, less distinct feature of psychiatric problems. Not surprisingly, this subgroup had the highest rate of past alcohol treatment and displayed the greatest current interest, in alcohol treatment. The drinking problems subgroup, which was

predominately comprised of males, was also more symptomatic and more interested than the average needs subgroup in mental health treatment, and had relatively high rates of past mental health treatment, including psychiatric hospitalization. Prior to homelessness, this subgroup showed high levels of life crises, and had the highest rate of criminal problems.

3. A mental health/interpersonal problems subgroup (16.5%). The mental health/interpersonal problems subgroup tended to exhibit far more psychiatric symptoms than the other groups, and displayed a high level of willingness for mental health service. This group had the highest rate of prior mental health treatment in general and mental hospitalization in particular. As compared to members of the drinking problems subgroup, this subgroup slept more often in shelters (as opposed to sleeping on the streets).

4. A socially advantaged subgroup (4.8%), which for a homeless population, had high levels of income, employment, and social support. Members of the socially advantaged subgroup tended to be females and to be receiving assistance for permanent housing.

It should be clarified that the phrase "average needs" is used relative to a homeless population. Examination of the absolute level of the need indicators suggests that members of this subgroup, who constitute a majority of the homeless, have pressing needs for employment, permanent housing, job skills, and income. Further, these four needs appear to form a common subset of socioeconomic needs which apply to nearly all homeless people, except for that small percentage (4.8%) in the socially advantaged subgroup with higher current levels of income, employment, and housing assistance. Results from the service willingness analysis support the notion of a common subset of needs for homeless people which includes not only socioeconomic needs, but also, to a slightly less degree, service needs for temporary shelter, clothing, additional food, improved medical care, and improved personal safety.

The subgroups analysis also suggests that, in addition to the common socioeconomic needs, other homeless people will have severe, extremely elevated needs for mental health service or alcohol treatment. There is also some overlap between these two subgroups: specifically, that a majority of those with drinking problems also have high levels of psychiatric symptoms which warrant mental health services. Service programs will need to consider this multiproblem nature of the homeless person, and develop programming for individuals with both psychiatric and alcoholic difficulties.

It is interesting to speculate on the finding that the socially advantaged subgroup, unlike other subgroups, tended to be receiving assistance for permanent housing by a local agency which also provides social service casework specifically for homeless people. Although alternative explanations are possible, it is likely that such social service assistance is effective for obtaining resources for homeless people and for improving their socioeconomic condition. Such a relationship would argue for increasing funding for additional social service and housing assistance casework specifically for homeless people.

The principal background differences between homeless men and women involved variables related to homelessness more than typical demographic variables. For example, men tended to be homeless for substantially longer periods of time, and to be more mobile. However, women, far more than men, were likely to be caring

for dependent children.

A number of similar problems and needs exist for homeless men and women, although marked differences existed in several areas. Men displayed far more drinking/alcoholism problems, and more criminal problems while homeless. Homeless men also had a somewhat lower level of job skills. Women were far more likely to have been sexually abused while homeless, and to display a greater concern for their personal safety. Women tended to receive more housing, financial, welfare, and medical services than men, and were experiencing a higher quality of life, particularly on matters related to shelter care. Women typically spent almost all of their nights while homeless in shelters, while men spent on the average about one-fourth of the nights sleeping on the streets.

During the survey interviews, 119 homeless people (48% of the total sample) were identified as in need of mental health services and offered a voluntary referral for Missouri Department of Mental Health services. The referrals were made to the Community Placement Program Homeless Unit, which could admit individuals to a day treatment program, refer individuals for DMH placement services, facilitate referrals for other needed mental health services, and make referrals for other social and health services. About three-fourths of those homeless identified as in need accepted the mental health referral at the time of the initial interview. A following study was then conducted over an approximate 60-70 day period for those 90 persons who accepted the referrals to determine the number of individuals actually receiving DMH referral services. It was found that 62 persons did not receive the referral services during the following period, while 28 homeless people did receive the referred services. All 28 persons attended during the followup period the Community Placement Program day program for homeless mentally disturbed persons; 15 people were first-time, new clients of the day program. Two individuals also received subsequent, successful referrals for additional outpatient mental health treatment at a state facility.

Comparisons were made on a number of variables for three groups: (a) those who refused the mental health referral at the time of the initial interview, (b) those who accepted the referral but who did not receive mental health services, and (c) those who did receive the referred services. Surprisingly, these three groups did not differ on a number of mental health variables, including psychiatric symptoms, mental hospitalization histories, and service willingness for mental health treatment in general or willingness for several specific mental health services (community placement, psychiatric medication, inpatient or outpatient treatment). The only mental health difference was that those who received services were far more interested in a day program than those who accepted the referral but who did not actually receive services. Another major difference between the groups involved gender. Only 7.8% of the women identified as in need actually received the referral services, as compared to 41.8% of the men. The group which obtained services, as compared to those who accepted the referral but didn't receive services, tended to receive less medical services and to rely more often on personal visits rather than the telephone for initially accessing the referral services. Also, individuals who accepted the referral but who did not actually receive services were more likely to be employed.

Emergency Shelters: Submitted by the United Way of Greater St. Louis

SHELTER	CAPACITY	SERVICES	POPULATION SERVED
<b><u>CITY OF ST. LOUIS</u></b>			
Cass Catholic Worker House 1849 Cass St. Louis MO 63106	50 persons	Maximum stay: 30 days (negotiable) (overnight only for single men) Meals Casework Social Service Referrals Housing Referrals	Women (18 and over) and dependent children (no boys over 11) Men (18 and over) and dependent children (no boys over 11) Single women (18 and over) Single Men (18 and over) No couples
Karen Catholic Worker House 1840 Hogan St. Louis, MO 63106	25 persons	Maximum stay: 2 months Meals Clothes Limited Transportation Social Service Referrals Housing Items, Upon leaving	Single women (18 and over) Women (18 and over) and dependent children (no boys over 12)
Marion Hall 325 N. Newstead St. Louis, MO 63108	6 persons	Maximum stay: 30 days Meals Casework & counseling Educational Services Health Services Limited Recreation	Runaway & Homeless Youth (12 to 17)
Missionaries of Charity 3817 Maffitt St. Louis, MO 63113	8 persons	Maximum stay: 3 weeks Meals	Women and dependent children (no boys over 6) Single Women

# **CITY OF ST. LOUIS**

<b>SHELTER</b>	<b>CAPACITY</b>	<b>SERVICES</b>	<b>POPULATION SERVED</b>
New Life Evangelistic Center: 1411 Locust St. Louis, MO 63103	75 persons	Maximum stay: 7 nights per month Overnight only (7:30 p.m.- Sandwiches 7:00 a.m. Religious Services	Single men
New Life Evangelistic Center Tower Grove & Lotus	3 families	Maximum stay: 5 nights Overnight only Social Service Referrals	Married couples Married couples and dependent children
New Life Evangelistic Center 2107 Park St. Louis, MO 63110	15 persons	Maximum stay: 3 nights per month Overnight only 7:00 p.m. - 8:00 a.m. Meals Religious Services	Women and dependent children (no boys over 12) Single Women
Our Lady's Inn 1050 Julia St. Louis, MO 63104	13 adults 7 children	Maximum stay: 6 weeks after delivery (average stay 2 to 3 months) Meals Casework (in-house) Social Service Referrals Health Education Training Housing Referrals	Pregnant women (18 and over) and dependent children (10 and under only) Single pregnant women (18 and over)
St. Louis Abused Women's Support Project  (Confidential Location)	27 persons	Maximum stay: 60 days Meals Casework (in-house) Housing Referrals Training Referrals Legal Advocacy Support Group Children's Program	ONLY VICTIMS OF SPOUSE ABUSE: Single women Women and dependent children



**CITY OF ST. LOUIS**

SHELTER	CAPACITY	SERVICES	POPULATION SERVED
St. Martha's Hall (Confidential Location)	18 persons	Maximum stay: 6 weeks Meals Casework Social Service Referrals Housing Referrals Job Referrals Legal Advocacy Support Group Follow up Volunteer child care	ONLY VICTIMS OF SPOUSE ABUSE: Women and dependent children (no boys over 12) Single women (18 and over)
St. Peter & Paul Catholic Church 1919 So. Seventh St. Louis, MO 63104	30 (can be expanded to 100 beds)	Available during winter only 9:00 p.m. - 6:30a.m. Meals (sandwiches) Clothing referrals Limited health services Employment Counselor	Single women Single men Women and dependent children Men and dependent children Couples Couples and dependent children
Salvation Army Emergency Lodge 3744 Lindell St. Louis, MO 63108	54 persons	Maximum stay: 60 days Meals Casework Social Services Referrals Housing Referrals Child Care Training	Women (18 and over) and dependent children Men (18 and over) and dependent children Married couples and dependent children Single women
Salvation Army Harbor Light 3010 Washington St. Louis, MO 63103	40 persons  Note: during winter months, extra 40 beds available at Christ Church Cathedral (breakfast served)	Maximum stay: 7 nights per month (negotiable) Overnight only (6pm-6am) Religious Services Social Service Referrals	Single men (18 and over)

CITY OF ST. LOUIS

SHELTER	CAPACITY	SERVICES	POPULATION SERVED
Salvation Army Hospitality House 1710 Carroll St. Louis, MO 63104	30 persons	Maximum stay: negotiable Meals Casework Social Service Referrals Religious Services	Women and dependent children Single women
Someone Cares 1301 Benton St. Louis, MO 63106	6 single men 4 single women (or with 1 child each) (can expand to 35)	Maximum stay: negotiable Overnight only (6pm-6/7am) Meals Religious Services	Single men (21 and over) Single women Women and dependent child (1 only)
Sunshine Mission 1919 Olive St. Louis, MO 63103	15 beds	Maximum stay: negotiable Overnight only 6pm.-7am) Meals Religious Services	Single men
<u>ST. LOUIS COUNTY</u>			
ALIVE (Safe Homes)	Negotiable (depends on "safe homes" available) (average of 12 women & 20 children)	Maximum stay: 4 nights Meals Casework/Counseling Social Service Referrals Training Legal Advocacy Support Group Transportation (All services provided by trained volunteers)	ONLY ST. LOUIS COUNTY RESIDENTS/ VICTIMS OF SPOUSE ABUSE: (must be in immediate danger) Women and dependent children Single Women

**ST. LOUIS COUNTY**

SHELTER	CAPACITY	SERVICES	POPULATION SERVED
Women in Need 7660 Natural Bridge St. Louis, MO 63121	12 persons	Maximum stay: 60 days Meals Social Service Referrals Support for women recovering from chemical dependency	Single women (20 and over)
Youth Emergency Service (YES) 6816 Washington St. Louis, MO 63130	12 persons	Maximum stay: 2 weeks Meals Casework & Counseling Social Service Referral Limited Transportation Health Services Recreation	Runaway and Homeless youth (12 to 17)
<b>ST. CHARLES</b>			
Salvation Army 24 Faye Ave. St. Charles, MO 63301	14 persons	Maximum stay: negotiable Meals Casework Social Service Referrals	Any resident persons/families or transients in St. Charles County
Youth In Need (YIN) 529 Jeffersons St. Charles, MO	12 persons	Maximum stay: 2 weeks Meals Casework and counseling Educational Services Health Services Recreation	Runaway and homeless youth 12 to 17
Women's Crisis Center (Confidential Location)	10 persons	Maximum stay: 30 days Meals Child Care Social Service Referrals Training Legal Advocacy Support Group	ONLY VICTIMS OF SPOUSE ABUSE: Women and dependent children (no boys over 12) Single women



# Homeless

**"We know there are homeless people out there. We want to determine who they are, where they are and how we can provide assistance to them."**

—Rep. Russell Goward

Hearings in Jefferson City, St. Louis, Kansas City, Springfield, Sedalia and Columbia have offered many reasons why people are homeless, ranging from lack of employment to mental and emotional problems.

It is estimated that on any given night, between 250,000 and 350,000 Americans sleep without a roof over their heads. In Missouri, the homeless are seasonal migrants; they are bankrupt farmers; they are the mentally ill; and they are families displaced from their homes due to urban renewal.

Testimony indicated that most of the homeless are not looking for a permanent hand-out, just a temporary hand and guidance to lead them to self-sufficiency.

Committee members hope that increased awareness of the problem will lead to more emergency shelters, more low-income permanent housing, education and re-training opportunities, and greater cooperation of state agencies.



**Russell Goward, Chairman**  
**Mervin Case**  
**Louis Ford**  
**Orchid Jordan**  
**Mary Kasten**  
**Fred Lynn**  
**Don McQuitty**  
**Todd Smith**  
**Dennis Ziegenhorn**

(continued)

[illegible]